

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	2					
13	2					
14	2					
15	2					
16	2					
17	50					
18	11					
19	13					
20	11					
21	11					
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32	11					
33	11					
34	11					
35	11					
36	11					
37	11					
38	11					
39	11					
40	1					
41	1					
42	1					
43	91					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		30				
52		20				
53		90				
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	73					
TOTAL CLAIMS	79					